

Davis Vision Benefit Summary and Rates

Plan	Employee	Emp and Spouse	Emp and Children		Emp and Family
Basic	5.49	9.88	10.43		16.47
Enhanced	5.91	10.64	11.23		17.73
Services	Frequency	Basic Plan In-Network	Enhanced Plan In-Network	Out-of-Network Reimbursement	
Eye Examinations Including dilation as professionally indicated.	Every 12 months	\$10.00 copayment	\$10.00 copayment	up to \$40.00	
Frames You may choose designer frames from "the Collection" available in most network provider offices. A \$130.00 credit plus 20% off the remaining cost will be applied toward a network provider's own frames.	Every 24 months	\$25.00 copayment for a frame from the Designer Collection	\$10.00 copayment for a frame from the Designer Collection	up to \$45.00	
Spectacle Lenses (per pair) -Single Vision -Bifocal -Trifocal -Lenticular Optional lens types, or coatings may be available at discounted fees.	Every 12 months	\$25.00 copayment	\$10.00 copayment	up to \$40.00 up to \$60.00 up to \$80.00 up to \$80.00	
Contact Lenses (per dispense) Contact lenses may be selected in lieu of eyeglasses. Contact lens fitting and evaluation will be covered in full provided you go to an in-network provider and select Davis Vision contact lenses. A \$130.00 allowance plus 15% off the remaining cost will apply towards all other contact lenses. <i>Please Note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses.</i>	Every 12 months	\$25.00 copayment	\$10.00 copayment covered in full	up to \$105.00 for elective contact lenses	
Medically necessary contact lenses (prior approval required)			covered in full	up to \$225.00	

For further information and questions, utilize the contact information below.

Contact Information

Davis Vision

Phone (already enrolled)

1-800-999-5431

Phone (prior to enrolling) (call and enter control code 4391)

1-877-923-2847

Website

www.davisvision.com